

## Foster Family Home - Corrective Action Report

Provider ID: 1-150060

Home Name: Nobleza Doro, CNA

Review ID: 1-150060-6

257 Thomas Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 6/29/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Annual visit to a 2 person CCFFH completed. No deficiencies found.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

6/29/2020

Date

6/29/2020

Date